



PROCUREMENT INFORMATION	
RFP Number: 2010-400-02	RFP Title: <i>Adult Day Care Services – Lowndes County</i>
Proposal Due Date and Time: <i>Thursday, September 09, 2010</i> 12:00 p.m., Central Time	Number of Pages: 14
Procurement Officer: Starr Stewart Phone: (334) 353-4744 E-mail Address: starr.stewart@dhr.alabama.gov Website: http://www.dhr.alabama.gov	Issue Date: <i>Tuesday, August 10, 2010</i>
	Issuing Division: <i>Adult Protective Services</i>

INSTRUCTIONS TO VENDORS	
Submit Proposal to: Starr Stewart, Director Office of Procurement Alabama Department of Human Resources Gordon Persons Building, Room 2344 50 Ripley Street Montgomery, AL 36130-4000	Label Envelope/Package: RFP Title/Number: <i>Adult Day Care Services – Lowndes County / 2010-400-02</i> Proposal Due Date: <i>Thursday, September 09, 2010</i>
	Special Instructions: <i>Vendors must complete the Adult Day Care Vendors Proposal posted on the Department’s web site.</i>

VENDOR INFORMATION (Fill in the information fields below and return this form with RFP response)	
Vendor Name/Address:	Authorized Vendor Signatory: (Please print name and sign in ink)
Vendor Phone Number: ()	Vendor FAX Number: ()
Vendor Federal I.D. Number:	Vendor E-mail Address:
Indicate whether this proposal is an original or a copy. <input type="checkbox"/> Original <input type="checkbox"/> Copy	
Total number of proposal pages: _____	
Trade Secret Declarations: <u>(reference section/page(s) of trade secret declarations)</u>	

TABLE OF CONTENTS

TABLE OF CONTENTS	2
TAXPAYER IDENTIFICATION NUMBER FORM.....	3
TECHNICAL PROPOSAL	4
4.2.5.1 VENDOR QUALIFYING INFORMATION	4
4.2.5.1.1 VENDOR PROFILE AND EXPERIENCE	4
4.2.5.1.2 PAST AND PRESENT RELATIONSHIPS WITH THE DEPARTMENT.....	4
4.2.5.1.3 CONTRACT PERFORMANCE	4
4.2.5.1.4 PROJECT STAFF JOB DESCRIPTIONS	4
4.2.5.1.5 STAFF PERFORMANCE EVALUATIONS AND TRAINING.....	4
4.2.5.1.6 BACKGROUND CHECKS	5
4.2.5.2 VENDOR FINANCIAL STABILITY	5
4.2.5.3 METHOD OF PROVIDING SERVICES	5
4.2.5.3.1 SERVICE DELIVERY APPROACH	5
4.2.5.3.1.1 DOCUMENTATION	5
4.2.5.3.1.2 OPERATING SCHEDULE.....	5
4.2.5.3.1.3 EMERGENCY AND DISASTER PLANNING	5
4.2.5.3.1.4 FACILITY	5
4.2.5.3.1.5 PROGRAM CONTENT.....	5
4.2.5.3.1.6 NUTRITION.....	6
4.2.5.3.1.7 HEALTH	6
4.2.5.3.1.8 SOCIAL SERVICES	6
4.2.5.3.1.9 TRANSPORTATION (IF APPLICABLE)	6
4.2.5.3.1.10 STAFFING PATTERNS	6
4.2.5.3.1.11 STAFF	6
4.2.5.3.1.12 ADMISSION CRITERIA.....	6
4.2.5.3.1.13 ASSESSMENT OF REFERRALS	6
4.2.5.3.1.14 INVESTIGATIONS	7
4.2.5.3.1.15 REPORTS.....	7
4.2.5.3.2 START-UP PLAN.....	7
4.2.5.3.3 ASSESSMENT OF BENEFITS AND IMPACT	7
4.2.5.3.4 LOCATION OF PERFORMING OFFICE	7
4.2.5.4 VENDOR CERTIFICATIONS	7
4.2.5.4.1 REVOLVING DOOR POLICY	7
4.2.5.4.2 DEBARMENT	7
4.2.5.4.3 STANDARD CONTRACT	8
4.2.5.4.4 CHARITABLE CHOICE (APPLIES TO FAITH-BASED ORGANIZATIONS ONLY)	8
4.2.5.4.5 FINANCIAL ACCOUNTING	8
4.2.5.4.6 VENDOR WORK PRODUCT.....	9
DISCLOSURE STATEMENT	10
TRADE SECRET AFFIDAVIT	11
IMMIGRATION STATUS FORM	13
SECTION 5: COST PROPOSAL.....	14
5.0 COMPENSATION FOR SERVICES	14

STATE OF ALABAMA
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
STATE COMPTROLLER'S OFFICE

1. In PART 1 below provide your Tax Identification Number and check FEIN or SSN. Also provide the name and address to which payments should be sent. In addition, provide the name of the legal Signatory authority for your organization (the individual authorized in your Constitution and/or By-laws to legally obligate the organization, for example, sign a contract on behalf of the organization).
2. Circle the business designation that identifies your type of trade or business in PART 2.
3. Sign and return this form as part of the response to the RFP:

NAME & TITLE OF LEGAL SIGNATORY AUTHORITY: _____

TITLE

Page 3 of 14

TECHNICAL PROPOSAL

4.2.5.1 VENDOR QUALIFYING INFORMATION

4.2.5.1.1 Vendor Profile and Experience

The Vendor must specify how long it has been in the business of providing services similar to those requested in this RFP and under what company name. The Vendor must list all names it has used when conducting business. The Vendor must explain their expertise or history in the provision of such services or identify a nationally recognized model that has proven to be successful that will be used in the provision of services under this RFP. The Vendor must provide an organizational profile including: number of employees, and form of business (e.g. individual, sole proprietor, corporation, non-profit corporation, and limited liability company).

(INSERT RESPONSE)

4.2.5.1.2 Past and Present Relationships with the Department

The Vendor must describe any past or present contractual relationship it may have or have had with the Department or any other state agency during the past three years. If the Vendor, its predecessor, or any party named in the Vendor's responses to this Section has contracted with any department within the State Government during the past three years, identify the contract number and/or other information available to identify such contract(s). If no such contracts exist, so declare. If any party named in the Vendor's response to this RFP was an employee of the State in the past two years, identify the individual(s) by name, Social Security Number, state agency by which employed, job title of position held with the State, and separation date. If no such relationship exists, so declare.

(INSERT RESPONSE)

4.2.5.1.3 Contract Performance

If the Vendor, or any proposed Subcontractor, has had a contract terminated for default during the past five years, all such instances must be described as discussed below. Termination for default is defined as notice to stop performance delivery due to the Vendor's nonperformance or poor performance and the issue was either (a) not litigated due to inaction on the part of the Vendor; or (b) litigated and such litigation determined the Vendor to be in default. Submit full details of all terminations for default experienced by the Vendor during the past five years, including the other party's name, address, and telephone number. Present the Vendor's position on the matter. The Department shall evaluate the facts and may, at its sole discretion, reject the Vendor's Proposal if the facts discovered indicate that completion of a Contract resulting from this RFP may be jeopardized by selection of the Vendor.

If no such terminations for default have been experienced by the Vendor in the past five years, so declare.

If, at any time during the past five years, the Vendor has had a contract terminated for convenience, non-allocation of funds, or any other reason, which termination occurred before completion of all obligations under the initial contract provisions, describe fully all such terminations including the name and address of the other contracting party and the circumstances surrounding the termination. If no such early terminations have occurred, so declare.

Failure to report on the foregoing or if the information furnished is determined to be inaccurate, whether by omission or commission, shall result in rejection of the Vendor's Proposal.

(INSERT RESPONSE)

4.2.5.1.4 Project Staff Job Descriptions

The Vendor must submit a job description detailing the level of education, experience, training, skills, etc. which emphasizes previous experience in the service area as described in this RFP for all key personnel who will be involved with the proposed project. The Vendor must indicate that it has sufficient staff to perform the services required in this RFP, if sufficient staff is not currently available, describe how staff will be obtained to provide the services and the timeline for obtaining the needed staff.

(INSERT RESPONSE)

4.2.5.1.5 Staff Performance Evaluations and Training

Vendors must describe its staff development program regarding orientation, on-going staff evaluation and training that will be implemented throughout the contract period to ensure delivery of effective services that adhere to the Department's required performance standards.

(INSERT RESPONSE)

4.2.5.1.6 Background Checks

Describe in detail the steps that the Vendor will take to ensure that no employee, regardless of their position, has been the subject of any incident or investigation which would call into question the propriety of that employee's working with this population. Provide documentation that each employee has had an Alabama Bureau of Investigation (ABI) and a Federal Bureau of Investigation (FBI) criminal background check. Describe your organization's general procedure for addressing occurrences when an incident or allegation is reported, founded or unfounded.

(INSERT RESPONSE)

4.2.5.2 Vendor Financial Stability

Vendors must submit all quarterly financial statements for 2009 or an audited financial statement for the past year immediately preceding the issuance of this RFP. Vendors of newly formed organizations, who have been in business less than one year must submit copies of any quarterly financial statements that have been prepared since the end of the period reported by your most recent annual report.

(INSERT RESPONSE)

4.2.5.3 METHOD OF PROVIDING SERVICES

4.2.5.3.1 Service Delivery Approach

The Vendor must provide a detailed description of the work plan and the methods to be used that will convincingly demonstrate to the Department what the Vendor intends to do, the timeframes necessary to accomplish the work, and how the work will be accomplished. Proposed services must incorporate all program requirements and core services identified in Section 3.3 Program Requirements for Adult Day Care Services.

4.2.5.3.1.1 DOCUMENTATION

The Vendor must comply with documentation requirements for the provision of Adult Day Care Services.

4.2.5.3.1.2 OPERATING SCHEDULE

The Vendor must provide a regular daily routine in accordance with the physical, mental, and emotional needs of the adults in care.

(INSERT RESPONSE)

Note: Attach a copy of annual holiday schedule.

4.2.5.3.1.3 EMERGENCY AND DISASTER PLANNING

The Vendor must make provisions for emergency and disaster planning for DHR day care clients.

(INSERT RESPONSE)

4.2.5.3.1.4 FACILITY

The Vendor must provide a safe, clean, and orderly environment that allows opportunities for a variety of learning experiences and encourages socialization and involvement in the program. The Vendor must provide a day care environment that allows opportunities for a variety of learning experiences and encourages socialization and involvement in the program.

(INSERT RESPONSE)

Note: Attach a current copy of fire and health inspections indicating the proposed facility meets all requirements. Also, describe the program facility including number of rooms, bathrooms, telephones, etc.

4.2.5.3.1.5 PROGRAM CONTENT

The Vendor must provide a program which meets the needs and interests of the (day care) group as identified through client input and individual needs assessments.

4.2.5.3.1.6 NUTRITION

The Vendor must increase clients' knowledge about proper nutrition, food preparation, importance of eating regularly, importance of eating a balanced and medically appropriate diet, etc. The Vendor must maintain and increase physical and /or mental functioning through the provision of nutritious and medically appropriate meals. In addition, the Vendor must maintain or increase social or emotional functioning through provisions of meals in a relaxed atmosphere which encourages opportunities for interaction/socialization.

(INSERT RESPONSE)

4.2.5.3.1.7 HEALTH

The Vendor must identify special health needs or existing health problems. The Vendor must provide for staff persons trained in first aid procedures to be available at the center during program hours. The Vendor must include day to day observation of each adult's general health as an ongoing staff responsibility. The Vendor must also seek out community health resources available to meet client group needs. In addition, the Vendor must ensure each client's access to assistance in seeking out resources for individual health needs.

(INSERT RESPONSE)

4.2.5.3.1.8 SOCIAL SERVICES

The Vendor must provide for ongoing assessment of each client's physical, social and emotional adjustment in order to identify changing needs. The Vendor must assure client access to appropriate resources if supplemental services are necessary to meet special needs.

(INSERT RESPONSE)

4.2.5.3.1.9 TRANSPORTATION (IF APPLICABLE)

The Vendor must provide a safe, dependable means of transportation for the Department of Human Resources clients for whom the Department provides transportation payment. Vendors must notify the Department of Human Resources of any transportation problems that affect the client's ability to attend daycare.

(INSERT RESPONSE)

4.2.5.3.1.10 STAFFING PATTERNS

In addition to a Program Director, the Vendor must maintain staff who are directly involved with clients during hours of program operation. Indicate the type of staff (i.e., Auxiliary, Nursing, Direct Service, etc.) and the number of individuals to be employed in all position types.

(INSERT RESPONSE)

4.2.5.3.1.11 STAFF

For each position, describe in detail the job responsibilities, educational, and experience requirements.

(INSERT RESPONSE)

4.2.5.3.1.12 ADMISSION CRITERIA

Vendor services are predicated upon the receipt of a referral from a Local County Department of Human Resource certifying individual's current eligibility. If vendor accepts a referral from the County Department of Human Resources, vendor must have an acceptance service plan and to be able to provide services to the client within five (5) working days.

(INSERT RESPONSE)

4.2.5.3.1.13 ASSESSMENT OF REFERRALS

If the vendor can not accept a referral and provide service within five working days, the vendor should notify the local county Department of Human Resources APS referring social worker in writing of the rejection of the referral.

4.2.5.3.1.14 INVESTIGATIONS

Vendors must cooperate and assist in any investigations of compliance including allegations of abuse, neglect, or exploitation are required. All positions employed as a result of this RFP are mandated reporters of adult abuse, neglect, and exploitation and must report all such concern to the local County Department of Human Resources.

(INSERT RESPONSE)

4.2.5.3.1.15 REPORTS

Vendors must send the local county of Department of Human Resources the county's copy of the PSD-BSP-237, "Request for Daycare Payment" by the 10th day of the month following the month covered by the report. Quarterly Progress Reports should be mailed to the local county Department of Human Resources unless waived by the county. The county Department of Human Resources should also be sent a copy of any corrections to the "Request for Daycare Payment" that is sent to the Office of Resource Development. Day Care client attendance/absence forms should be completed in a timely manner and sent to the local Department of Human Resources.

(INSERT RESPONSE)

4.2.5.3.2 Start-up Plan

The Vendor must include a detailed project schedule that is comprised of the detailed work structure for the entire project. This section should also include any proposed additions to the tasks outlined in the Section 3: Scope of Work. All selected Vendor's must be fully operational on January 01, 2011.

(INSERT RESPONSE)

4.2.5.3.3 Assessment of Benefits and Impact

Describe how the service will be assessed to determine if the proposed services have been effective. Describe the process that will be used to determine if expected benefits and their impact have occurred. Include on-going plans to continuously assess and modify services to better meet the needs of the target population. The assessment methodology should provide the Department with meaningful indicators that funded projects are making satisfactory progress toward desired goals.

(INSERT RESPONSE)

4.2.5.3.4 Location of Performing Office

Vendors must indicate the county/counties to be included in the proposed service area. Vendors must provide the physical address of the Vendor's office that will be responsible for performing services under a contract with the Department in the event the Vendor becomes the Contractor.

(INSERT RESPONSE)

4.2.5.4 VENDOR CERTIFICATIONS

Vendors must sign each statement below attesting that they warrant and represent to the Department that the vendor accepts and agrees with all certifications and terms and conditions of this RFP. Further, by submitting a response to this RFP, the vendor certifies to the Department that they are legally authorized to conduct business within the State of Alabama and to carry out the services described in this document.

4.2.5.4.1 Revolving Door Policy

I (Vendor) attest that neither the vendor nor any of the vendor's trustees, officers, directors, agents, servants or employees is a current employee of the Department, and none of the said individuals have been employees of the Department in violation of the revolving door prohibitions contained in the state of Alabama ethics laws.

Authorized Vendor Signatory

Date

4.2.5.4.2 Debarment

TECHNICAL PROPOSAL

I (Vendor) attest that neither the vendor nor any of the vendor's trustees, officers, directors, agents, servants or employees (whether paid or voluntary) is debarred or suspended or otherwise excluded from or ineligible for participation in federal assistance programs under Executive Order 12549, "Debarment and Suspension."

Authorized Vendor Signatory

Date

4.2.5.4.3 Standard Contract

I (Vendor) agree to the use of the Department's standard contract document. The vendor will further comply with all the terms and conditions of that document, including, but not limited to, compliance with the Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, Alabama Act No. 2000-775 (governing individuals in direct service positions who have unsupervised access to children), the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable, and all other federal and state laws, rules and regulations applicable to receiving funds from the Department to carry out the services described in this RFP. Further, any contract executed pursuant to the RFP must be subject to review by the Department's legal counsel as to its legality of form and compliance with State contract laws, terms and conditions, and may further be subject to review by the Alabama Legislative Contract Review Committee, Examiners of Public Accounts, the State Finance Director and the Office of the Governor.

Authorized Vendor Signatory

Date

4.2.5.4.4 Charitable Choice (applies to faith-based organizations only)

I (Vendor) attest that funds received as a result of this procurement will not be used for sectarian instruction, worship, proselytizing or for any other purely religious activities that are not directed toward the secular social goals related to the services described in this RFP. The vendor must agree to serve all eligible members of the public without regard to their religious beliefs and, further, must not require clients' active participation in any religious practice. (In carrying out the said services, the vendor will remain independent from federal, state and local governments; will retain control over the expression of its religious beliefs, and is NOT required to remove its religious writings or symbols or to alter its internal governance as a condition of doing business with the Department.)

Authorized Vendor Signatory

Date

4.2.5.4.5 Financial Accounting

I (Vendor) agree that the vendor's accounting system will be consistent with General Accepted Governmental Accounting Principles (GAAP). The vendor must maintain sufficient financial accounting records documenting all funding sources and applicable expenditure of all funds from all sources.

Authorized Vendor Signatory

Date

4.2.5.4.6 Vendor Work Product

I (Vendor) attest that the proposal submitted in response to this document is the work product of said vendor. If the proposal is determined not to be the work product of the vendor, the proposal may, at the Department's sole discretion, be rejected.

Authorized Vendor Signatory

Date

DISCLOSURE STATEMENT

Insert Completed Form Here

TRADE SECRET AFFIDAVIT

Alabama Department of Human Resources

AFFIDAVIT FOR TRADE SECRET CONFIDENTIALITY

DEPARTMENT OF _____)

)ss.

County of _____)

_____ (Affiant), being first duly sworn under oath, and representing
_____ (hereafter "Vendor"), hereby deposes and says that:

1. I am an attorney licensed to practice in the State of _____, representing the Vendor referenced in this matter, and have full authority from the Vendor to submit this affidavit and accept the responsibilities stated herein.

2. I am aware that the Vendor is submitting a proposal to the Alabama Department of Human Resources for RFP # _____. Public agencies in Alabama are required by Alabama law to permit the public to examine documents that are kept or maintained by the public agencies, other than those legitimately meeting the provisions of the Alabama Trade Secrets Act, Alabama Code Section 8-27-1, and that the Department is required to review claims of trade secret confidentiality.

3. I have read and am familiar with the provisions of the Alabama Trade Secrets Act, am familiar with the case law interpreting it, and understand that all information received in response to this RFP will be available for public examination except for:

- (a) trade secrets meeting the requirements of the Act; and
 - (b) information requested by the Department to establish vendor responsibility
- unless prior written consent has been given by the vendor.

4. I am aware that in order for the Vendor to claim confidential material, this affidavit must be fully completed and submitted to the Department, and the following conditions must be met by the Vendor:

- (a) information to be withheld under a claim of confidentiality must be clearly marked and separated from the rest of the proposal;
- (b) the proposal may not contain trade secret matter in the cost or price; and
- (c) the Vendor's explanation of the validity of this trade secret claim is attached to this affidavit.

5. I and the Vendor accept that, should the Department determine that the explanation is incomplete, inadequate or invalid, the submitted materials will be treated as any other document in the department's possession, insofar as its examination as a public record is concerned. I and the Vendor are solely responsible for the adequacy and sufficiency of the explanation. Once a proposal is opened, its contents cannot be returned

TRADE SECRET AFFIDAVIT

to the Vendor if the Vendor disagrees with the Department's determination of the issue of trade secret confidentiality.

6. I, on behalf of the Vendor, warrant that the Vendor will be solely responsible for all legal costs and fees associated with any defense by the Department of the Vendor's claim for trade secret protection in the event of an open records request from another party which the Vendor chooses to oppose. The Vendor will either totally assume all responsibility for the opposition of the request, and all liability and costs of any such defense, thereby defending, protecting, indemnifying and saving harmless the Department, or the Vendor will immediately withdraw its opposition to the open records request and permit the Department to release the documents for examination. The Department will inform the Vendor in writing of any open records request that is made, and the Vendor will have five working days from receipt of the notice to notify the Department in writing whether the Vendor opposes the request or not. Failure to provide that notice in writing will waive the claim of trade secret confidentiality, and allow the Department to treat the documents as a public record.

Documents that, in the opinion of the Department, do not meet all the requirements of the above will be available for public inspection, including any copyrighted materials.

Affiant's Signatory

Signed and sworn to before me on _____ (date) by _____

(Affiant's name).

Name of Notary Public: _____ for the

Department of: _____

My Commission Expires: _____

Place seal here.

IMMIGRATION STATUS FORM

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

Signatory of Contractor

Witness

SECTION 5: COST PROPOSAL

5.0 COMPENSATION FOR SERVICES

_____ agrees to provide Adult Day Care at the rates set below.

Organization Name

SERVICE TYPES	MAXIMUM RATE	PLACE AN (X) BY SERVICE TO BE PROVIDED	TOTAL NUMBER OF SLOTS TO BE SERVED
Full-time (FT) with Transportation	\$475.00 per month		
Part-time (PT) with Transportation	\$285.00 per month		
Full-time without Transportation	\$363.00 per month		
Part-time without Transportation	\$218.00 per month		

SLOTS AVAILABLE

COUNTY	SLOTS FT/WITH TRANSPORTATION (\$475 per month)	SLOTS PT/WITH TRANSPORTATION (\$285 per month)	SLOTS FT/WITHOUT TRANSPORTATION (\$363 pre month)	SLOTS PT/WITHOUT TRANSPORTATION (\$218 per month)
Lowndes	9	2	0	0
TOTAL SLOTS	9	2	0	0

SLOTS PROPOSED

COUNTY	SLOTS FT/WITH TRANSPORTATION (\$475 per month)	SLOTS PT/WITH TRANSPORTATION (\$285 per month)	SLOTS FT/WITHOUT TRANSPORTATION (\$363 pre month)	SLOTS PT/WITHOUT TRANSPORTATION (\$218 per month)
Lowndes				
TOTAL SLOTS				

Note: A fixed rate is specified in this RFP document for provision of services, any proposal submitted exceeding the fixed rate will be deemed non-responsive and no further consideration will be given.